

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 451939	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11		6					61						
12		6					62						
13		6					63						
14		6					64						
15		6					65						
16		6					66						
17		6					67						
18		6					68						
19		6					69						
20	not present						70						
21	not present						71						
22		3					72						
23	1						73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28	1						78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33		4					83						
34		4					84						
35	1						85						
36	1						86						
37		2					87						
38	1						88						
39		1					89						
40		1					90						
41	1						91						
42		3					92						
43		3					93						
44	1						94						
45		1					95						
46		1					96						
47	1						97						
48		1					98						
49							99						
50							100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	105						TOTAL DEP.						
TOTAL CLAIMS	124						TOTAL CLAIMS						